



## Infectious Diseases:

# Risk Factors and Screening Recommendations for Severe Mental Illness (SMI)

Individuals with severe mental illnesses are often at increased risk for acquiring infectious diseases such as Hepatitis B, Hepatitis C, HIV and tuberculosis due to greater likelihood to engage in high-risk behaviors such as using illicit substances and having multiple sexual partners. When planning to screen patients for infectious diseases, patients should be informed orally and in writing that testing will be performed unless they decline. They should receive an explanation of the infection, how it can and cannot be acquired, the meaning of positive and negative test results, and the benefits/harms of treatment. They should be offered the opportunity to ask questions and decline testing. The information below reviews risk factors and screening recommendations for Hepatitis C (HCV), Hepatitis B (HBV), HIV and tuberculosis.

### Risk Factors and Screening/Treatment Recommendations for Select Infectious Diseases<sup>1,2,3,4,5</sup>

Disease	Risk Factors	Screening/Treatment Recommendations
Hepatitis C (HCV)	<ul style="list-style-type: none"> <li>• Past/present drug use</li> <li>• Sex with injection drug user</li> <li>• Blood transfusion before 1992</li> <li>• <b>Other:</b> Long-term dialysis, incarceration, intranasal drug use, getting an unregulated tattoo, infant of HCV positive mother</li> </ul>	<ul style="list-style-type: none"> <li>• 1-time screening in all adults born between 1945 and 1965</li> <li>• High-risk patients</li> </ul>
Hepatitis B (HBV)	<ul style="list-style-type: none"> <li>• Sexual contact with infected person</li> <li>• Exposure to infectious body fluid</li> <li>• Prolonged, close personal contact with infected person</li> <li>• Perinatal exposure to infected mother</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B surface antigen (HBsAg)</li> <li>• Either Hepatitis B core antibody (anti-HBc) or Hepatitis B surface antibody (anti-HBs)</li> </ul>

Quality care is a team effort.  
Thank you for playing a starring role!



Disease	Risk Factors	Screening/Treatment Recommendations
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>• Injection drug use/sharing needles</li> <li>• Sexual contact – anal, vaginal or oral sex; men who have sex with men; multiple partners; anonymous partners without using condom; sexual contact with infected person; exchange sex for drugs/money; unprotected sex with at-risk individuals</li> <li>• History of STI (syphilis, genital herpes, chlamydia, gonorrhea, bacterial vaginosis, trichomoniasis)</li> <li>• Diagnosed with hepatitis, TB or malaria</li> <li>• Blood transfusion or clotting factor recipient in U.S. between 1978 and 1985</li> </ul>	<ul style="list-style-type: none"> <li>• All persons who feel evaluation and treatment for STIs should be tested; consider rapid HIV test in this population as high proportion of patients may not return for HIV test results</li> <li>• Individuals suspected of recently acquired HIV infection – refer for immediate consultation with infectious disease specialist for evaluation (history, physical including gynecology exam in women, chest radiography and lab tests – CBC, CMP, lipid profile, urinalysis toxoplasma antibodies, testing for STIs and hepatitis, HIV genotype, CD4 count and viral load, TB test)</li> </ul>
Tuberculosis (TB)	<ul style="list-style-type: none"> <li>• Individuals in contact with patient who has TB</li> <li>• Individuals from country where TB is common</li> <li>• Patients with HIV infection or problems that weaken the immune system</li> <li>• Symptomatic patients (fever, productive cough, weight loss, night sweats, fatigue, loss of appetite)</li> <li>• Live/work in area where TB is common (homeless shelter, prison/jail)</li> <li>• Illicit drug users</li> </ul>	<ul style="list-style-type: none"> <li>• TB testing generally not recommended in patients with low-risk of TB infection</li> <li>• High risk patients should have medical evaluation - history/ physical, TB test, chest radiograph at minimum and other laboratory tests as appropriate</li> </ul>

*This tool is provided as a resource and is not a substitute for the professional medical judgment of treating physicians or other health care practitioners. This guideline reflects the current state of knowledge at the time of development on effective and appropriate care. Proper use, adaptation, modifications or decisions to disregard in whole or in part are entirely the responsibility of the clinician who uses this guideline.*

#### References

- <sup>1</sup>Centers for Disease Control and Prevention (2013). Testing and public health management of persons with chronic hepatitis B virus infection. Retrieved from <http://www.cdc.gov/hepatitis/HBV/TestingChronic.htm>
- <sup>2</sup>Centers for Disease Control and Prevention (2010). HIV infection: Detection, counseling, and referral. Treatment guidelines, 2010. Retrieved from <http://www.cdc.gov/std/treatment/2010/hiv.htm>
- <sup>3</sup>National Institute of Allergy and Infectious Disease (2009). HIV/AIDS. Retrieved from <http://niaid.nih.gov/topics/hiv aids/understanding/pages/riskfactors.aspx>
- <sup>4</sup>Centers for Disease Control and Prevention (2013). Tuberculosis. Retrieved from <http://cdc.gov/TB/TOPIc/testing/default.htm>
- <sup>5</sup>Adapted from A Summary for Monitoring Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population (2014). The University of South Florida, Florida Medicaid Drug Therapy Management Program for Behavioral Health sponsored by the Florida Agency for Health Care Administration.